207HCC ESA

Department of Revenue Services State of Connecticut PO Box 2990 Hartford CT 06104-2990

For Calendar Year Ending

Estimated Health Care Center Tax Payment Coupon (Rev. 12/04)

CT Insurance Premiums Tax Reg. No.	Τ.Τ			Ι.	
or modiance remains tax rieg. No.	1.	Enter tax shown on 2004 Form 207HCC, Line 16		1.	
Date Received (DRS USE ONLY)	2.	Multiply Line 1 by 30%	•	2.	
bate necessed (Bito ode oner)	3.	Enter amount from Schedule 1, Line 5 (on back)		3.	
Federal Employer ID Number	4.	Enter the lesser of Line 2 or Line 3		4.	
•	5.	Enter overpayment from prior year applied to estimated tax for current year	•	5.	
	6.	Payment due with this coupon (Subtract Line 5 from Line 4)	•	6.	

Please change mailing address, or both, if shown incorrectly at right

Due Date: March 15, 2005 Make Checks Pavable To: Commissioner of Revenue Services

For Calendar Year Ending

Mail To: Department of Revenue Services Processing Section

PO Box 2990 Hartford CT 06104-2990

207HCC ESB - Second Installment

Department of Revenue Services State of Connecticut
PO Box 2990 Hartford CT 06104-2990 207HCC ESB

Estimated Health Care Center Tax Payment Coupon (Rev. 12/04)

CT Insurance Premiums Tax Reg. No.	1.	Enter tax shown on 2004 Form 207HCC, Line 16	•	1.	
Parts Parasitived (PPO HOE ONLY)	2.	Multiply Line 1 by 60%		2.	
Date Received (DRS USE ONLY)	3.	Enter amount from Schedule 1, Line 5 (on back)		3.	
Federal Employer ID Number	4.	Enter the lesser of Line 2 or Line 3		4.	
<u> </u>	5.	Enter amount paid with Form 207HCC ESA plus overpayment from prior year applied to estimated tax for current year	•	5.	
	6.	Payment due with this coupon (Subtract Line 5 from Line 4)	>	6.	

Please change name or mailing address, or both, if shown incorrectly at right

(Rev. 12/04)

Due Date: June 15, 2005 Make Checks Pavable To: Commissioner of Revenue Services

Department of Revenue Services Mail To:

Processing Section PO Box 2990 Hartford CT 06104-2990

207HCC ESC - Third Installment

State of Connecticut **Estimated Health Care Center Tax Payment Coupon** PO Box 2990 Hartford CT 06104-2990 207HCC ESC

For Calendar Year Ending

CT Insurance Premiums Tax Reg. No.	1.	Enter tax shown on 2004 Form 207HCC, Line 16		1.	
Date Received (DRS USE ONLY)	2.	Multiply Line 1 by 80%		2.	
Date neceived (DR3 03E ONLT)	3.	Enter amount from Schedule 1, Line 5 (on back)		3.	
Federal Employer ID Number	4.	Enter the lesser of Line 2 or Line 3		4.	
<u> </u>	5.	Enter amount paid with Form 207HCC ESA and Form 207HCC ESB plus overpayment from prior year applied to estimated tax for current year	•	5.	
	6.	Payment due with this coupon (Subtract Line 5 from Line 4)	•	6.	

Department of Revenue Services

Please change name or mailing address, or both, if shown incorrectly at right

(Rev. 12/04)

Due Date: September 15, 2005 Make Checks Payable To: Commissioner of Revenue Services

Mail To: Department of Revenue Services

Processing Section PO Box 2990 Hartford CT 06104-2990

207HCC ESD - Fourth Installment

Estimated Health Care Center Tax Payment Coupon

Department of Revenue Services State of Connecticut PO Box 2990 Hartford CT 06104-2990 207HCC ESD

For Calendar Year Ending

CT Insurance Premiums Tax Reg. No.	1.	Enter tax shown on 2004 Form 207HCC, Line 16	. 1		
Date Received (DRS USE ONLY)	2.	Enter amount from Schedule 1, Line 5 (on back)	. 2	2.	
Date neceived (DRS 05E ONLT)	3.	Enter the lesser of Line 1 or Line 2	. 3	j.	
Federal Employer ID Number	4.	Enter amount paid with Form 207HCC ESA, Form 207HCC ESB, and Form 207HCC ESC			
		plus overpayment from prior year applied to estimated tax for current year	. 4		
	5.	Payment due with this coupon (Subtract Line 4 from Line 3)	. 5	i.	

Please change name or mailing address, or both, if shown incorrectly

at right

Due Date: December 15, 2005 Make Checks Pavable To: Commissioner of Revenue Services

Department of Revenue Services Mail To:

Processing Section PO Box 2990 Hartford CT 06104-2990

Who Must File This Coupon

Each health care center whose health care center tax, after the application of general business tax credits (as defined in **Special Notice 2003(16)**, 2003 Legislation Affecting the Health Care Center Tax), for calendar year 2005 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Required Annual Payment

For estimated health care center tax purposes, a health care center's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2005 Form 207HCC (after the application of general business tax credits); or
- 100% of the tax shown on its 2004 Form 207HCC, Line 16.

Schedule 1

1 Enter estimated health care center tax due for calendar year 2005 prior to the application of general business tax credits.	00
2 Multiply Line 1 by 70% (.70)	00
3 Enter estimated general business tax credits against the health care center tax due for calendar year 2 (May not exceed amount entered on Line 2)	2005.
4 Subtract Line 3 from Line 1	00
5 Multiply Line 4 by 27% (.27)	00

207HCC ESA Back (Rev. 12/04)

Who Must File This Coupon

Each health care center whose health care center tax, after the application of general business tax credits (as defined in **Special Notice 2003(16)**, 2003 Legislation Affecting the Health Care Center Tax), for calendar year 2005 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Required Annual Payment

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- 90% (.90) of the tax that will be shown on its 2005 Form 207HCC (after the application of general business tax credits); or
- 100% of the tax shown on its 2004 Form 207HCC, Line 16.

Schedule 1

1 Enter estimated health care center tax due for calendar year 2005 prior to the application of general business tax credits.	00
2 Multiply Line 1 by 70% (.70)	00
3 Enter estimated general business tax credits against the health care center tax due for calendar year 2005. (May not exceed amount entered on Line 2)	00
4 Subtract Line 3 from Line 1	00
5 Multiply Line 4 by 54% (.54)	00

207HCC ESB Back (Rev. 12/04)

Who Must File This Coupon

Each health care center whose health care center tax, after the application of general business tax credits (as defined in **Special Notice 2003(16)**, 2003 Legislation Affecting the Health Care Center Tax), for calendar year 2005 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Required Annual Payment

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- 90% (.90) of the tax that will be shown on its 2005 Form 207HCC (after the application of general business tax credits); or
- 100% of the tax shown on its 2004 Form 207HCC, Line 16.

Schedule 1

Enter estimated health care center tax due for calendar year 2005 prior to the application of general business tax credits.	00
2 Multiply Line 1 by 70% (.70)	00
3 Enter estimated general business tax credits against the health care center tax due for calendar year 2005. (May not exceed amount entered on Line 2)	00
4 Subtract Line 3 from Line 1	00
5 Multiply Line 4 by 72% (.72)	00

207HCC ESC Back (Rev. 12/04)

Who Must File This Coupon

Each health care center whose health care center tax, after the application of general business tax credits (as defined in **Special Notice 2003(16)**, 2003 Legislation Affecting the Health Care Center Tax), for calendar year 2005 will be \$1,000 or more must file this coupon.

Interest

If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, on the amount not paid from the due date of this coupon until the date of payment.

Required Annual Payment

For estimated health care center tax purposes, a health care center's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2005 Form 207HCC (after the application of general business tax credits); or
- 100% of the tax shown on its 2004 Form 207HCC, Line 16.

Schedule 1

1 Enter estimated health care center tax due for calendar year 2005 prior to the application of general business tax credits.	00
2 Multiply Line 1 by 70% (.70)	00
3 Enter estimated general business tax credits against the health care center tax due for calendar year 2005. (May not exceed amount entered on Line 2)	00
4 Subtract Line 3 from Line 1	00
5 Multiply Line 4 by 90% (.90)	00